



# Want to apply for the MGIB?

Follow these steps to get started!



# Step 1: Contact

- Find out if your program is approved for VA benefits by contacting one of the following:
  - School's Financial Aid Office
  - Training facility employment office
  - Contact VA
    - Web: <http://www.gibill.va.gov/>
    - Phone: 1-888-GIBILL-1 (1-888-442-4551)



# Step 2: Apply

- Complete the application (VA Form 22-1990) and submit it to the appropriate VA regional office by doing one of the following
  - Follow the link. Complete the online steps  
<https://www.ebenefits.va.gov/ebenefits/vonapp>
  - Ask the VA directly using the link below  
<https://iris.custhelp.com/>
  - Or call: 1-888-GIBILL-1 (1-888-442-4551)



# Step 2: Apply (continued)

- It is highly recommended you have copies available to send to the VA Department prior to submitting an application.
  - DD214 release from active duty
    - Basic/AIT
    - Active Duty station
    - Deployment(s)
  - Orders to any active duty assignment



# Using VONAPP

What is VONAPP?

Who should use VONAPP?

What do I need to run VONAPP?

Frequently Asked Questions

VA Partners - Service Organizations

State & County Organizations and Other Help

Instructions for filling out Applications

# Veterans On-Line Application (VONAPP)

Welcome to the new and improved Veterans On-Line Application (VONAPP) website. Please select one of the following choices to begin using VONAPP.

*I Am a New VONAPP User*

OR

*I Have Used VONAPP Before*

(Please select this option if this is your first time using the VONAPP website.)

(Please select this option to Resume or Print a previous application.)



NEWS FLASH MESSAGE:

Effective April 6, 2014 – Use VONAPP for Pension claims. If you are a Veteran with an existing VONAPP account, please select *I Have Used VONAPP Before*. If you do not have an account, please select *I Am a New VONAPP User*.

You cannot use VONAPP to submit a Compensation claim. If you want to submit a Compensation claim online, please use the "Apply for Benefits" section on the eBenefits homepage.

\*\*\*\*\*  
Claims for Veterans Pension Benefits, Education benefits, Vocational Rehabilitation & Employment benefits, and Burial benefits can still be submitted online through VONAPP.

Can I access my incomplete form in VONAPP?

Partially completed forms and forms saved but not submitted can be accessed in VONAPP for 30 days following the date you started your application. After 30 days, claims not submitted are removed from the system.

FAQ  Help  Contents

What is a DoD Self-Service Logon?

What is a VONAPP Account?

Frequently Asked Questions

## Do you have a DoD Self-Service Logon (eBenefits Account)?

**Yes, I'll Log-in Now**

(Please select this option to log in with your existing DS Logon / eBenefits Account)

**No, Create a VONAPP Account**

(Please select this option to sign up for a VONAPP account. Note: this account is only valid for VONAPP, and will not work for other VA websites.)

If you already have an account use this link.

If you do not have an account use this link.

● FAQ ○ Help ○ Contents

How long can my username and password be?

What is a VONAPP account?

What is a DoD Self-Service Logon?

What if I already have an account?

Frequently Asked Questions

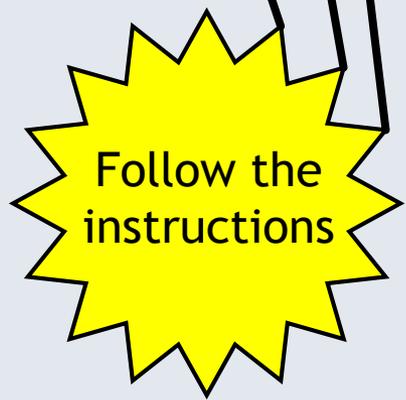
**VONAPP Sign-Up:** To create your username for VONAPP, enter a username, password, password hint and email address. Remember this information because your username and password are needed every time you enter VONAPP. Passwords must be between 8-15 characters in length, and contain each of the following: 1 or more lowercase letter(s), 1 or more uppercase letter(s), one or more number(s). Your password hint may not contain your password.

**Caution:** Do **not** use your Social Security Number (SSN), birthday or any other unique identifying information in your username, password or password hint. Your username and password should not be easily "guess-able" by others.

Username:	<input type="text"/>
Password:	<input type="password"/>
Password Hint:	<input type="text"/>
E-mail Address:	<input type="text"/>

Your e-mail address will be used to send you your password if you request it and to notify you when VA downloads your electronically submitted application. We may also contact you by e-mail for more information about your application.

*Back / Continue*



Follow the instructions

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OR

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Now you have an account

## NEWS FLASH MESSAGE:

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FAQ  Help  Contents

What is a VONAPP account?

What is a DoD Self-Service Logon?

What if I don't have an account?

What if I forget my username or password?

Frequently Asked Questions

## VONAPP Login

Please enter your Username and Password to log in using a VONAPP Account. If you do not have an account, or have forgotten your username or password please click on one of the links below to sign-up for a new account, or retrieve your username or password.

Username:

Password:

-- Login --



Now enter your  
username and  
password

[Sign-Up Now](#) | [Forgot Username/Password](#)

FAQ  Help  Contents

About Form 21-526

About Form 21-530

About Form 21-686c

About Form 21-4138

About Form 22-1990

About Form 22-1990E

About Form 22-1990N

About Form 22-1990R

About Form 28-1900

About Form 10-10EZ

Are you on active duty?

### Create A New Form

Please select the VA Form you want to fill out from the dropdown list below:

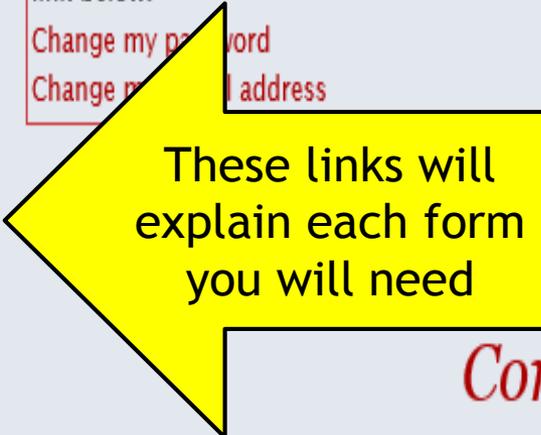
[Add New Form](#)

### Account Info

Do you want to change your current password or e-mail address? You can do so by choosing the link below.

[Change my password](#)

[Change my e-mail address](#)



These links will explain each form you will need

*Continue*

FAQ  Help  Contents

Why is this information important to me?

Frequently Asked Questions

## Explanation of the Privacy Act and Respondent Burden

### VA Form 22-1990, Application for Education Benefits

OMB Approved No. 2900-0154 Respondent Burden: 15 Minutes

#### Privacy Act Notice

The VA will not disclose information collected on this form to any source other than those who have been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations, 1.576 for routine uses (e.g., VA sends educational forms or letters with a veteran's name and address information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain education benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law enacted before January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.



Read the Privacy Act then select Continue.

*Back / Continue*

FAQ  Help  Contents

Why is this information important to me?

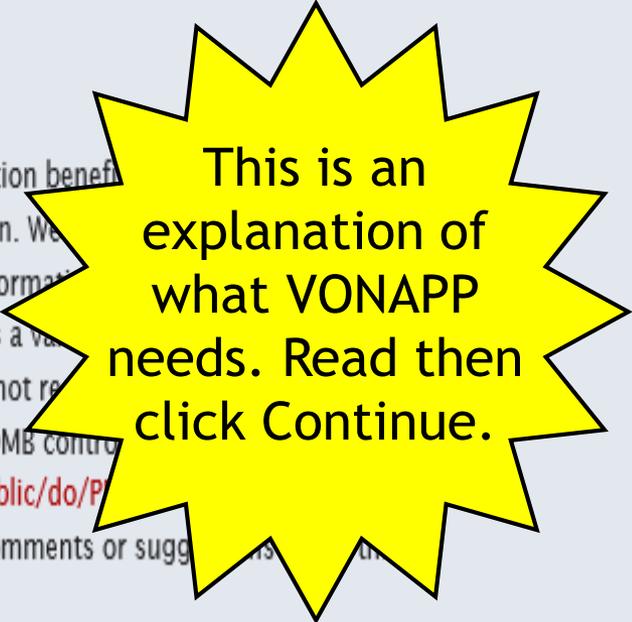
Frequently Asked Questions

### Respondent Burden

We need this information to determine your eligibility for education benefits. Title 38, United States Code, allows us to ask for this information. We estimate that it will take an average of 15 minutes to review the instructions, find the information, and enter it. VA cannot conduct or sponsor a collection of information unless a valid OMB (Office of Management and Budget) control number is displayed. You are not required to provide a collection of information if this number is not displayed. Valid OMB control numbers are located on the OMB Internet Page at <http://www.reginfo.gov/public/do/P>. If you have any questions, you can call 1-800-827-1000 to get information on where to send comments or suggestions on this form.

### Social Security Information

You are required to provide your Social Security number (38 U.S.C. 5101(c)). VA may disclose Social Security numbers as authorized under the Privacy Act.



This is an explanation of what VONAPP needs. Read then click Continue.

*Back / Continue*

FAQ  Help  Contents

Please select either "yes" or "no". But if you select "no", you cannot use VONAPP to fill out any applications.

Why do I have to say yes to fill out the form?

Frequently Asked Questions

*Yes, I have read the explanation of the Privacy Act and respondent burden.*

OR

*No, I have not read the explanation of the Privacy Act and respondent burden.*

After this screen you will be able to fill out your application.

*back / continue disabled*

**PART I - APPLICANT AND BENEFIT INFORMATION**  
(All Applicants Must Complete This Part)

1A. NAME OF APPLICANT (First, Middle, Last)		VA DATE STAMP (Do Not Write In This Box)	
1B. SOCIAL SECURITY NUMBER OF APPLICANT	1C. VA FILE NUMBER (if previously assigned)		
2A. APPLICANT'S ADDRESS (Complete street address, city, state, and 9 digit ZIP Code)			
2B. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	2C. APPLICANT'S DATE OF BIRTH	2D. APPLICANT'S E-MAIL ADDRESS	3. APPLICANT'S PHONE NUMBER (Check one) A. DAY

This is only used if you have applied for benefits before

First page of Form 22-1990

CH. 30

CH. 1606

CH. 1607

CH. 32

CH. 31

Transfer

4. DESCRIPTION OF VA EDUCATION PROGRAMS (Check (✓) the box next to each benefit you wish to apply for)

**A. MONTGOMERY GI BILL EDUCATIONAL ASSISTANCE PROGRAM (title 38, U. S. C., chapter 30).** If you served or are currently serving on active duty, you may be eligible to receive this benefit. Check the box to the right if you:

- entered active duty for the first time after June 30, 1985, OR
- were eligible to receive Vietnam Era Veterans' Educational Assistance (title 38, U.S.C. chapter 34) benefits on December 31, 1989, OR
- were discharged under one of the qualifying separation programs shown in the Instructions, OR
- were a participant under the Post-Vietnam Era Veterans' Educational Assistance program commonly referred to as VEAP (title 38, U.S.C., chapter 32) and elected this benefit during one of the open window periods shown in the Instructions.

**B. MONTGOMERY GI BILL - SELECTED RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U. S. C., chapter 1606).** This benefit is based on Selected Reserve service (Reserve or National Guard). Check the box to the right if you had at least a six-year reserve obligation after June 30, 1985.  
(NOTE: Department of Defense (DoD) determines eligibility for this program.)

**C. RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U.S.C., chapter 1607).** This benefit is for a reservist called to active duty to support contingency operations. Check the box to the right if you were called to active duty to support contingency or other specific operations.  
(NOTE: Department of Defense (DoD) determines eligibility for this program.)

**D. POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM** commonly referred to as VEAP, (title 38, U.S.C., chapter 32, or section 903 of Public Law 96-342). Check the box to the right if you:

- served on active duty at any time from January 1, 1977 through June 30, 1985, AND
- either contributed funds or had your service branch make contributions for you.

**E. NATIONAL CALL TO SERVICE PROGRAM (title 10, U.S.C., chapter 31, section 510).** Check the box to the right if you:

- entered on or after October 1, 2003, under the National Call to Service program, AND
- selected one of the education incentives provided by that program

Check this box to the right only if you've selected one of the two Educational Allowance Incentive options.  
(If you checked this box, be sure to complete Part IV)

**F. THE "TRANSFER OF ENTITLEMENT" PROGRAM (title 38, U.S.C., chapter 30, section 3020).** Check the box to the right if you:

- are a spouse or child of a person who qualified for the Montgomery GI Bill Educational Assistance Program (Chapter 30), AND
- believe that your parent or spouse transferred entitlement to you

(If you checked this box, be sure to complete Part V)

5. DIRECT DEPOSIT INFORMATION

Please send a voided personal check or provide the following information.  
Direct Deposit is not available for the Post-Vietnam Era Veterans' Educational Assistance Program (Chapter 32)

A. TYPE OF ACCOUNT

CHECKING     SAVINGS     I DO NOT HAVE AN ACCOUNT

NAME OF FINANCIAL INSTITUTION

C. 9 DIGIT ROUTING OR TRANSIT NUMBER

D. ACCOUNT NUMBER

OF VA EDUCATION BENEFITS PREVIOUSLY APPLIED FOR? (Check all applicable boxes)

VETERAN'S EDUCATION BENEFITS (Any of the VA benefits shown in 4) (Specify benefit) \_\_\_\_\_

B. PREVIOUS VETERAN'S EDUCATION BENEFITS (Specify benefit) \_\_\_\_\_

NATIONAL REHABILITATION BENEFITS (Chapter 31)

D. DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS (Chapter 35) (Complete Items 7A and 7B)

OTHER (Specify benefit) \_\_\_\_\_

F. NONE

7. COMPLETE ITEMS 7A AND 7B ONLY IF YOU CHECKED ITEM 6D

NAME OF PARENT/SPOUSE (See Instructions)

7B. FILE NUMBER OF PARENT/SPOUSE (See Instructions)

8. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING THE EDUCATION BENEFIT OR BENEFITS YOU ARE APPLYING FOR? (See Instructions)

YES     NO

9. PROGRAM OF EDUCATION OR TRAINING

A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (If you know the goal, please specify. If you do not know your goal, check "No" then skip to Item 9C.)

YES     NO

B. HAVE YOU SELECTED A SPECIFIC PROGRAM OF EDUCATION?

YES     NO

(If "Yes," list below each diploma, vocational course, job training program, or test you need to reach your educational or career goal that you indicated in Item 9A). If you have not selected a program, leave this item blank.)

C. EDUCATION OR TRAINING WILL BE BY (Check more than one if necessary)

COLLEGE OR OTHER SCHOOL

CORRESPONDENCE COURSE

TUITION ASSISTANCE TOP-UP

I SEEK REIMBURSEMENT FOR A LICENSING OR CERTIFICATION TEST

APPRENTICESHIP OR ON-THE-JOB TRAINING

NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT

VOCATIONAL FLIGHT TRAINING

D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT?

YES     NO

(If you have selected a school, check "Yes," and specify its complete name and mailing address. If you have not selected a school, check "no.") If you are applying for reimbursement of test fees, don't answer this question. Skip to Item 10.)

COMPLETE NAME AND ADDRESS OF SCHOOL (Complete street address, city, state and 9 digit ZIP Code)

E. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING?

YES     NO

(If you do know this date, check "Yes." Specify this date. If you do not know this date check "no.")

DATE (Month, Year) OF ANTICIPATED BEGINNING SCHOOL OR TRAINING

F. DO YOU PLAN TO REPEAT ANY COURSE FOR WHICH YOU RECEIVED CREDIT?

YES     NO

(If "Yes," write in Item 9G the name of the course, when you originally took this course, and why you plan to repeat it.)

G. INFORMATION ABOUT REPEATED COURSE

Select the same benefit as you selected on the first page.

Second page of Form 22-1990

If you are on active military duty, skip question 10.

10. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE(S) FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE?

YES  NO (If "Yes," show the source of these funds) ▶

Source of educational assistance from government employment:

NOTE - COMPLETE ITEM 11 ONLY IF YOU ARE ON ACTIVE DUTY

11. ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATIONAL ASSISTANCE? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "YES" AND GIVE COMPLETE DETAILS INCLUDING THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE ONLY APPLYING FOR ASSISTANCE TOP-UP, CHECK "NO"

YES  NO ▶

Details of educational assistance from the military:

12. EDUCATION AND EMPLOYMENT INFORMATION

A. DO YOU GRADUATE FROM HIGH SCHOOL? (If "Yes," write the date you graduated next to "Yes," and skip to Item 12c. If "No," complete Item 12b)

YES Date \_\_\_\_\_  NO

B. IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DO YOU HAVE A HIGH SCHOOL EQUIVALENCY CERTIFICATE? (If "Yes," write the date you completed the requirements for this certificate in the space provided. If "No," go to Item 12c)

YES Date \_\_\_\_\_  NO

C. EDUCATION AFTER HIGH SCHOOL (INCLUDE ALL APPRENTICESHIP, ON-THE-JOB TRAINING, AND FLIGHT TRAINING) (See Instructions)

NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER (Include City and State)	DATES OF TRAINING		NUMBER OF SEMESTER, QUARTER OR CLOCK HOURS COMPLETED	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
	FROM	TO			

D. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES? (If "Yes," list each certificate.)

YES  NO ▶


EMPLOYMENT	EMPLOYMENT (Complete ONLY if you served in the military)		
	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
E. Before Entering Military Service			
F. After Leaving Military Service			

PART II SERVICE INFORMATION (All applicants must complete this part)

A. ARE YOU NOW ON ACTIVE DUTY OR NATIONAL GUARD DUTY (Title 32, U.S.C.)

YES  NO

B. ARE YOU NOW ON TERMINAL LEAVE (Title 38, U.S.C.)

YES  NO

Date leave began: \_\_\_\_\_ Date of expected discharge: \_\_\_\_\_

Make sure you list FTA, this will be verified

Third page of Form 22-1990

M-Day soldiers will check NO here. Do not get confused

14. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY

Please complete Items 14A through 14F for each period of your active duty. It will help VA process your claim if you send a copy of your DD214 (copy 4) for each period of active service. (Don't report any Active Duty for Training)

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE	E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (If "Yes," send copies of your orders)		F. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY INDICATE IF AUTHORITY IS TITLE 10 (Federal) OR TITLE 32 (State). (Send copies of any orders)
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	

You should specify in Item 22, Remarks, any periods of active duty which reflect:

- Full time assignment by a service department to a civilian school for a course of education substantially the same as established courses for civilians;
- Attendance at a service academy; or
- Non-creditable time - (Time lost because of industrial or agricultural furlough, arrest without acquittal, being AWOL, desertion, sentence of court-martial, etc.)

15. DO YOU ALSO HAVE ANY PERIODS OF RESERVE OR NATIONAL GUARD SERVICE THAT ARE NOT ACTIVE DUTY?

YES  NO (If "Yes," complete information about this service in Item 16. If "No," skip to Item 17)

16. PERIODS OF RESERVE OR NATIONAL GUARD SERVICE (NOT ACTIVE DUTY)

A. ARE YOU NOW IN THE RESERVE OR NATIONAL GUARD?

YES  NO

INFORMATION TO COMPLETE ITEM 16E:

- Place "SR" in Item 16E for each period of reserve service if you were in the Selected Reserve (drilling status).
- Place "IRR" in Item 16E for each period of reserve service if you were in the Individual Ready Reserve.
- Place "TMA" in Item 16E for each period of reserve service if you were in the Individual Mobilization Augmentation.

B. DATE ENTERED RESERVE OR GUARD	C. DATE SEPARATED FROM RESERVE OR GUARD (if applicable)	D. RESERVE OR GUARD COMPONENT	E. RESERVE STATUS (See abbreviations above)

F. DO YOU QUALIFY FOR A "KICKER" BASED ON YOUR RESERVE ENLISTMENT? ("Kickers" are amounts contributed by DoD to an education fund on behalf of individuals to encourage enlistment or reenlistment in the Reserve or National Guard forces, usually in specialized areas.) (IF YOU QUALIFY FOR A RESERVE "KICKER," CHECK "YES." IT MAY HELP IF YOU SEND VA A COPY OF THE "KICKER" CONTRACT)

YES  NO

G. COMPLETE ONLY IF YOU ARE APPLYING FOR CHAPTER 1606 (you checked Item 4B). IF YOU ARE PARTICIPATING IN A SENIOR ROTC SCHOLARSHIP PROGRAM, DOES THAT PROGRAM PAY FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER TITLE 10, U.S.C., SECTION 2107? (Do not include monthly subsistence allowance)

YES  NO

Fourth page of Form 22-1990

Instructions

Instructions

Will be kicker verified

**PART III - MONTGOMERY GI BILL QUESTIONS**  
*(Complete this part only if you are applying for chapter 30 benefits)*

QUESTIONS	YES (✓)	NO (✓)
17A. DID YOU MAKE ADDITIONAL CONTRIBUTIONS WHILE ON ACTIVE DUTY (Sometimes referred to as "Buy-up") TO INCREASE THE AMOUNT OF MONTHLY MGIB BENEFITS PAYABLE? (If you made any additional contributions, check "Yes.")	<input type="checkbox"/>	<input type="checkbox"/>
17B. IF YOU SERVED A PERIOD OF ACTIVE DUTY THAT THE DEPARTMENT OF DEFENSE COUNTS FOR PURPOSES OF REPAYING AN EDUCATION LOAN, PLEASE SHOW THE DATES OF THAT PERIOD OF ACTIVE DUTY: From _____ To _____	<input type="checkbox"/>	<input type="checkbox"/>
17C. DO YOU HAVE A DoD CONTRACT TO RECEIVE A "KICKER"? (Some military services call this the "college fund." "Kickers" are amounts contributed by DoD to an education fund on behalf of individuals to encourage enlistment or retention in the Armed forces, usually in specialized areas. If you qualify for a "kicker", check "Yes." It may help to send us a copy of your kicker contract.	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMISSIONED OFFICER QUESTIONS</b>		
18A. DID YOU GRADUATE FROM A MILITARY SERVICE ACADEMY (e.g., West Point, Naval Academy, etc.)? (If "Yes," specify the month and year you graduated and received your commission) Graduation month and year: _____	<input type="checkbox"/>	<input type="checkbox"/>
18B. WERE YOU COMMISSIONED AS THE RESULT OF PARTICIPATING IN A SENIOR ROTC (Reserve Officers Training Corps) SCHOLARSHIP PROGRAM? (If "Yes," show the date of your commission and the amount of your scholarship for each school year you were in the Senior ROTC program. Don't report your monthly subsistence allowance. If you received your commission through a Senior ROTC (non-scholarship) program, check "No.") Scholarship Amounts: _____ Commission date: _____ Year: _____ Amount: _____	<input type="checkbox"/>	<input type="checkbox"/>

**MARITAL AND DEPENDENCY STATUS**

**NOTE: COMPLETE THIS ITEM ONLY IF YOU CHECKED ITEM 4A AND HAVE MILITARY SERVICE BEFORE JANUARY 1, 1977 (or delayed entry before January 2, 1978). See Instructions.**

QUESTIONS	YES	NO
19A. ARE YOU CURRENTLY MARRIED?	<input type="checkbox"/>	<input type="checkbox"/>
19B. DO YOU HAVE ANY CHILDREN WHO ARE:		
(1) UNDER AGE 18? <b>OR</b>	<input type="checkbox"/>	<input type="checkbox"/>
(2) 18 OR 19 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? <b>OR</b>	<input type="checkbox"/>	<input type="checkbox"/>
(3) 18 OR OLDER AGE AND PERMANENTLY INCAPABLE OF SELF-SUPPORT DUE TO MENTAL OR PHYSICAL DISABILITY?	<input type="checkbox"/>	<input type="checkbox"/>
OR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?	<input type="checkbox"/>	<input type="checkbox"/>

**PART IV - NATIONAL CALL TO SERVICE QUESTIONS**

*(Complete this part only if you are applying for this benefit)*

20A. DID YOU SIGN A SERVICE CONTRACT WITH THE DEPARTMENT OF DEFENSE FOR THE NATIONAL CALL TO SERVICE PROGRAM?	
20B. DID YOU RECEIVE AN EDUCATION ASSISTANCE INCENTIVE OPTION? (If "Yes," check the block in Item 20C that identifies the option you received)	
20C. WHICH EDUCATION ALLOWANCE INCENTIVE OPTION DID YOU ELECT? (Check only one block below)	
<input type="checkbox"/> EDUCATION ALLOWANCE OF UP TO 12 MONTHS OF MONTGOMERY GI BILL BENEFITS (3-year rate)	<input type="checkbox"/> EDUCATION ALLOWANCE OF UP TO 36 MONTHS OF MONTGOMERY GI BILL BENEFITS (1/2 the 2-year rate)

**NOTE:** National Call to Service applicants must furnish VA a copy of DD Form 2863 (National Call to Service Election of Options). This form is needed to document your eligibility and to confirm your incentive option.

Fifth page  
of  
Form 22-  
1990

This is only referring to incentives for National Call to Service Contracts.

NOTE: This benefit requires (1) that the veteran's branch of military service authorized the veteran to transfer MGIB entitlement to his or her dependents, and (2) the veteran, in writing, transferred his or her current education benefits to you (specifying you name).

IMPORTANT: Only a spouse, surviving spouse, or child of a veteran who has transferred entitlement should complete this information.

20. IS YOUR RELATIONSHIP TO THE VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU?  
 WIFE  SURVIVING SPOUSE  CHILD

If you checked your relationship as a spouse or child, have the veteran complete and send us VA Form 21-586c. See instructions.

21. VETERAN OR SERVICE MEMBER'S NAME (First, Middle, Last) 21C. VETERAN OR SERVICE MEMBER'S SEX  
 MALE  FEMALE

22. ADDRESS OF VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU

23. VETERAN OR SERVICE MEMBER'S DATE OF BIRTH 21F. VETERAN OR SERVICE MEMBER'S SOCIAL SECURITY NUMBER

This entire section is for Transferring Benefits

**EMPLOYMENT (IF NO MILITARY SERVICE)**

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
21G. JOB 1 (Since leaving high school)			
21H. JOB 2 (Since leaving high school)			

22. REMARKS (Use this space to provide information that does not fit elsewhere on this form or that will help VA process your claim. Refer to other item numbers on this form to help us match your answers to the correct questions. If more space is needed, please attach separate sheets of paper. Be sure to place your name and social security number on each additional page.)

Sixth page of Form 22-1990

**PART VI - CERTIFICATION AND SIGNATURE OF APPLICANT**  
*(All applicants must complete this part)*

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.  
 PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

23A. FULL NAME OF APPLICANT (PRINTED)

23B. SIGNATURE OF APPLICANT (Do NOT Print) (SEE SIGN HERE IN INK) SIGNED

Do not forget to sign the form. It will not be processed without a signature

**PART VII -**  
*(Have your Education Officer complete this part)*

I CERTIFY THAT this individual is a member of the branch of the Armed Forces shown below and has consulted with me regarding his/her education program.

24A. SIGNATURE, TITLE AND BRANCH OF SERVICE OF ARMED FORCES EDUCATION OFFICER 24B. DATE SIGNED



# Step 3: Certify

- After the application process, you must certify your enrollment for VA benefits. The official at your school who certifies enrollment with VA may be one of the following offices:
  - Financial Aid, Veterans Affairs, Registrar, Admissions, Counseling, or others.
- The VA will send you any additional requirements for certification and enrollment that they may have.



# QUESTIONS?